

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10240617-7-08

FILING DATE

APPLICANT(S)

10240617-7-08 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6			1		1	
7				1		1
8				1		1
9				1		1
10			1		1	
11				8		8
12				8		8
13				8		8
14				8		8
15				8		8
16				1		1
17				1		1
18				1		1
19				1		1
20				1		1
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26				1		1
27				1		1
28				1		1
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
34				1		1
35				1		1
36				1		1
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42				1		1
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		2		2	
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1	2	1	2	1

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
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99						
100						
TOTAL IND.	1		1		1	
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS